

Relationship between Motivation and Efficiency of Emergency Care Professionals and its Importance in the Quality Management of Healthcare Services – A Case Study in Turkish Hospitals

Songül Yigit

Graduate School of Social Sciences, Near East University KKTC

Nermin Gürhan

Prof. Dr. Faculty of Health Sciences. Gaziosmanpaşa University Tokat/Turkey

Bahadır Geniş

Psychiatrist, Çaycuma State Hospital, Department of Psychiatry, Zonguldak/Turkey

DOI: 10.1043/mester/49.2020.45

Abstract

Introduction: Labour force is as much important as a patient-centred service delivery for a healthy functional capability. Attitudes of healthcare professionals, in-house working practices and interactive relations that prevail in a healthcare setting are all determinant factors influencing institutional performance. Success in any institution is therefore closely related to human resource management and employee motivation.

Aim: The aim of this study was to investigate the relationship between motivation and efficiency of healthcare professionals working in emergency care units and its importance in the quality management of healthcare services.

Material and Method: A data collection form consisting of 9 items, a motivation and efficiency scale, and Servqual scale were used in the study. The study population consisted of the personnel working in three public and eight private hospitals located in downtown Adana. The study sample, on the other hand, was composed of 731 patients and 497 healthcare professionals who agreed to participate in the study.

Results/Discussion: The study used a sample that consisted of 731 patients and 497 healthcare professionals. In the model in which the economic factor was used as the dependent variable, higher economic status and shorter length of service in an emergency care unit were both found, in decreasing order, to be significant predictors. In the model in which organisational-managerial factor was considered as the dependent variable, higher economic status, working in a private hospital, lower educational level, shorter service length in an emergency care unit and being single were found, in decreasing order, to be significant predictors. Using, on the other hand, the psychosocial factor as the dependent variable in the model, the study found that

working in a private hospital, shorter length of service in an emergency care unit and

lower educational level were, again in decreasing order, significant predictors. In all the three models, the aspects of higher economic status and shorter length of service in an emergency care department were found to be factors that promoted motivation and efficiency. Working in a private hospital significantly predicted the scores of perceived aspects achieved in all the sub-dimensions of the Servqual scale. Having a higher educational level also significantly predicted the scores of perceived aspects, except for those of physical aspects. Working in a public hospital, on the other hand, was found to be a significant predictor for expected reliability, responsiveness and assurance.

Conclusion: The study found, on the basis of organisational-managerial and psychosocial factors, that a lower educational level of healthcare professionals led to higher motivation and efficiency. The ones working in the private hospitals involved in the study had higher motivation and efficiency, on the basis of organisational-managerial and psychosocial factors. The patients with better economic conditions were more satisfied with the dimensions of expected reliability, responsiveness, assurance and empathy; the patients with lower economic conditions, on the other hand, expressed being satisfied with the dimension of perceived physical aspects. Patients treated in public hospitals were more satisfied in the dimensions of expected reliability and responsiveness.

Key words: Emergency unit professionals, Motivation, Efficiency, Healthcare Services Quality Management

Introduction

Motivation of healthcare professionals does play a role of essential importance in respect of quality certification in the healthcare sector. Also, human relations at working settings gain in importance day by day, being in direct close correlation with individuals' satisfaction and contentment, not to speak of job satisfaction (Ünalın, 2006).

Emergency Healthcare Services are delivered through control centres and stations working under these control centres, a system that has been established in accordance with the regulation on emergency healthcare services. The stations are established in three types on the basis of specific factors, namely that the community targeted for emergency service delivery should have a population of a maximum of 50 thousand inhabitants living in a location with difficult access. Other factors such as the frequency of cases needing emergency intervention, the number of traffic and vocational accidents and the frequency of similar circumstances are also taken into consideration in deciding whether or not to establish a station in a location (Official Journal No. 24046, 2000).

Important aspects in emergency healthcare units such as loyalty of emergency personnel, intensive workload in units and motivation have been areas of research to

which researchers have paid particular attention. However, very few studies exist that have investigated the burden of work on personnel and satisfaction in areas of service delivery. Most studies have also focused particularly on critical thinking and decision making in emergency personnel. Research on the subject has shown that intensive workload in the healthcare sector does have an impact on critical thinking and leads to a lack of attention in personnel, which, in turn, results in reduced efficiency (Çakal M. Özdemir M 2016; Doğan, 2015; Küçüksille, 2007; Arslan, Demir, Eşer, & Khorshid, 2009).

For a healthy functional capability, labour force is as much important as a patient-centred service delivery. Attitudes of healthcare professionals, in-house working practices and interactive relations that prevail in a healthcare setting are all determinant factors influencing performance in an institution. Success in any institution is therefore closely correlated to human resource management and employee motivation. This study seeks to investigate the relationship between motivation and efficiency of healthcare professionals working in emergency care units and its importance in respect of quality management of healthcare services (Duran, Ocak, Yordun, 2013)

Material and Method

The study was performed in three public and eight private hospitals located in downtown Adana with emergency personnel and patients who agreed to participate in the study. Prior to undertaking the investigation, ethical clearance and approvals were sought from the ethical boards and managements of the involved hospitals. The socio-demographic data collection form used in the study was developed by the researchers; it consisted of 9 items. The study also used a motivation and efficiency scale of Likert type with 22 items and three sub-dimensions, namely economic, psycho-social and organisational-managerial factors. The Servqual Scale also designed in Likert type to assess the service quality in the involved hospitals has five sub-dimensions, namely physical aspects, reliability, responsiveness, assurance and empathy. The 22 items used to measure the effects of motivation factors on efficiency were designed on the basis of intrinsic and extrinsic motivation dimensions with focus on three sub-dimensions (economic, psycho-social and organisational-managerial factors). In designing the items, the researchers also drew upon the models available in the studies conducted by Tüz (2001:146) Amabile (1985:396), Amabile et al. (1994:956), Abacı (2015), Dündaret al. (2007:113), Özdaşlı and Akman (2012:7). The 5-point Likert type scale consisted of multiple-choice options with five values ranging from 1) Strongly Disagree, 2) Disagree, 3) No Opinion, 4) Agree to 5) Strongly Agree.

The researchers aimed at including the entire population into the study. Thus, the sample comprised 731 patients and 497 healthcare professionals who agreed to participate in the study and fully completed the data collection form.

Statistical Analysis

The package program of SPSS (Statistical Package for Social Sciences) 23.0 was used for the statistical analysis of the data obtained in the study. Frequency distributions were used for descriptive statistics, and arithmetical mean, median value (minimum) and standard deviation values were used for continuous variables. To compare qualitative data, Chi-Square test, and where necessary, Fisher's exact test were used. The Kolmogorov-Smirnov test was used to examine whether the data were normally distributed. Because the groups included in the sample did not display normal distribution, Mann-Whitney U test was used to compare the groups.

Wilcoxon test was used to compare the perceived and expected values in the Servqual scale filled in by the patients. The multiple linear regression analysis was used to analyse the sub-dimension scores of motivation and efficiency scale through Servqual scale. In this analysis, it was included in the qualitative variables such as gender, educational status and marital status together with a quantitative variable such as age. In multiple linear regression analysis, quantitative variables are generally evaluated. However, qualitative variables (those with only two categories) or ordered variables can be evaluated in this analysis. (Büyüköztürk et al. 2018). The significance value was set at $p < 0.05$.

Results

Socio-demographic information about the patients and emergency personnel is set out in Table 1. Of the participating patients, 46.9% were women, 69.2% married, 43% high school graduates and 38.2% unemployed. On the other hand, 54.4% of the patients expressed having a medium level of income, and 75.4% had children. Of the participating emergency personnel, of whom 30.2% were nurses, 48.9% were women, 44.9% married and 30.8% high school graduates. In respect of economic condition, 55.5% of the emergency personnel stated that they had medium level income, and 36% expressed having children.

Table 1: Socio-demographic Information about Patients and Healthcare Personnel

Variables	Patients (n=731)		Employees (n=497)	
	Average	Sd.	Average	Sd.
Age	39,91	13,36	30,09	6,42
	n	%	n	%
Hospitals involved				

Public Hospital	450	61,6	342	68,8
Private Hospital	281	38,4	155	31,2
Gender				
Women	343	46,9	243	48,9
Men	388	53,1	254	51,1
Civil Status				
Married	506	69,2	223	44,9
Single	146	20,0	242	48,7
Divorced	44	6,0	30	6,0
Widow	35	4,8	2	,4
Educational Background				
Elementary School	90	12,3	4	,8
Middle School	39	5,3	11	2,2
High School	314	43,0	153	30,8
Undergraduate	53	7,3	124	24,9
Graduate	225	30,8	117	23,5
Postgraduate / Doctoral degree	10	1,4	88	17,7
Profession				
Worker	102	14,0	-	-
Office Employee /Civil Servant	119	16,3	-	-
Self-Employed	100	13,7	-	-

Executive	46	6,3	-	-
Retired	35	4,8	-	-
Farmer	50	6,8	-	-
Not employed	279	38,2	-	-
Physician	-	-	88	17,7
Nurse	-	-	150	30,2
Healthcare Worker	-	-	25	5,0
Paramedical	-	-	15	3,0
Emergency Medicine	-	-	29	5,8
Civil Servant	-	-	59	11,9
Translator	-	-	2	,4
Security Guard	-	-	48	9,7
Personnel	-	-	76	15,3
Midwife	-	-	5	1,0
Economic Status				
Very Good	8	1,1	5	1,0
Good	143	19,6	153	30,8
Medium	398	54,4	276	55,5
Poor	177	24,2	55	11,1
Very Poor	5	,7	8	1,6
Having children				
Yes	551	75,4	179	36,0
No	180	24,6	318	64,0
Number of children				
None	180	24,6	318	64,0
1,00	81	11,1	66	13,3
2,00	169	23,1	82	16,5
3,00	133	18,2	22	4,4
Over 4,00	168	23,0	9	1,8

Other information about the emergency personnel is presented in Table 2, while, according to which, 93.9% expressed working in shifts, 6.2% said they worked in a management position. In respect of the length of service, while 19.3% expressed being employed in the profession for less than one year, 25.8% expressed having been working in the emergency credepartment for less than one year. On the other hand, 5.4% stated that their spouse worked.

Table 2: Other information about emergency personnel

	n	%
Working mode		
In shifts	466	93,8
Without shift	31	6,2
Position in management		
Yes	31	6,2
No	466	93,8
Length of service		
Less than 1 year	96	19,3
2-5 years	182	36,6
6-10 years	134	27,0
Over 11 years	85	17,1
Length of service in an emergency care unit		
Less than 1 year	128	25,8
1-5 years	254	51,1
6-10 years	87	17,5
Over 11 years	28	5,6
Is the spouse working?		
Yes	176	35,4
No	321	64,6
Profession of the spouse (n=176)		
Engineer	8	4,5
Physician	18	10,2
Teacher	33	18,7
Technician in an emergency unit	10	5,6
Police officer	10	5,6
Civil Servant	43	24,4
Self-employed	23	13,0
Paramedical	2	1,1
Nurse	16	9,0
Personnel	11	6,2
Worker	2	1,1

Table 3 shows the findings of the comparison of the sub-dimension scores of the Servqual Scale administered to the patients and the sub-dimension scores of the Motivation and Efficiency Scale completed by the emergency personnel. The scores the patients had concerning expectations in the sub-dimensions of the Servqual scale were significantly higher than the scores concerning their perceptions (p value for each was $p < 0.001$).

Table 3: The scores of the participants obtained in the scales administered

Variable		Average	Standard Deviation	Median	Min.	Max.	Z	p
Servoqual Scale ¹								
Physical Aspects	Perceived	16,50	2,51	17,00	4,00	20,00	-14,823	<0,001
	Expected	17,70	1,14	18,00	13,00	20,00		
Reliability	Perceived	17,64	2,78	18,00	8,00	25,00	-22,079	<0,001
	Expected	21,81	1,72	22,00	11,00	25,00		
Responsiveness	Perceived	12,99	3,34	14,00	5,00	20,00	-21,245	<0,001
	Expected	17,43	1,30	17,00	10,00	20,00		
Assurance	Perceived	13,63	2,62	14,00	5,00	20,00	-22,758	<0,001
	Expected	17,98	1,27	18,00	10,00	20,00		
Empathy	Perceived	16,87	3,65	18,00	5,00	25,00	-22,764	<0,001
	Expected	22,04	1,51	22,00	13,00	25,00		
Motivation and Efficiency Scale ²								
Economic Factors		9,55	2,74	10,00	4,00	20,00		
Organisational & Managerial Factors		26,59	5,77	27,00	9,00	45,00		
Psychosocial Factors		28,71	5,45	30,00	9,00	45,00		

¹ completed by the patients

² completed by the healthcare professionals

Table 4 shows the results of the multiple linear regression analysis of the scores which the emergency personnel had in the sub-dimensions of the motivation and efficiency scale. In the model in which economic factor was used as the dependent variable, higher economic status and shorter working time in an emergency unit were both found, in decreasing order, to be significant predictors. In the model in which organisational-managerial factor was taken as the dependent variable, higher economic status, working in a private hospital, lower educational level, shorter length of service in an emergency unit and being single were found, in decreasing order, to be significant predictors. Using, on the other hand, the psychosocial factor as the dependent variable in the model, the study found that working in a private hospital, shorter length of service in an emergency unit and lower educational level were found, again in decreasing order, to be significant predictors. In all the three models the aspects of higher economic status and shorter service length in an emergency unit emerged as factors that promoted motivation and efficiency.

Table 5 shows the results of the multiple linear regression analysis of the scores which the patients had in the sub-dimensions of perceptions and expectations of the Servqual Scale. Working in a private hospital significantly predicted the scores of perceived aspects obtained all the sub-dimensions of the Servqual scale. Having a higher educational level was another significant predictor that predicted the scores of perceived aspects, except for those of physical aspects. Receiving services in a public hospital, on the other hand, was found to be a significant predictor for the scores of expected reliability, responsiveness and assurance (Table 5).

Table 4: Evaluation through multiple linear regression analysis of the sub-dimension scores obtained by the emergency personnel in the motivation and efficiency scale

Variables	Economic Factors		Organisational - Managerial Factors		Psychosocial Factors	
	β	p	β	p	β	p
Hospitals involved (Public=1, Private=2)	0,039	0,413	0,167	<0,001	0,273	<0,001
Gender (Women=1, Men=2)	0,042	0,349	-0,021	0,630	-0,001	0,975
Age	0,022	0,730	0,093	0,132	0,074	0,224
Civil Status	0,073	0,226	0,126	0,029	0,109	0,057

(Married=1, Single=2)						
Educational Level (Elementary school=1, High school=2, University=3)	-0,050	0,314	-0,145	0,002	-0,102	0,031
Position in management (Yes=1 / No=2)	0,011	0,812	0,001	0,989	0,068	0,138
Length of service in an emergency care unit	-0,124	0,038	-0,127	0,025	-0,148	0,009
Working mode (Without shift=1, in shift=2)	0,020	0,668	0,072	0,105	0,037	0,407
Economic status (1=Low, 2=Medium, 3=High)	0,210	<0,001	0,312	<0,001	0,248	<0,001
Number of children	0,081	0,202	0,096	0,115	0,122	0,042
F	3,001		7,964		8,702	
P	0,001		<0,001		<0,001	
R²	0,058		0,141		0,152	

Table 5: Evaluation through multiple regression analysis of the perceived and expected sub-dimension scores of the patients obtained in the Servoqual scale

	Physical Aspects		Reliability		Responsiveness		Assurance		Empathy
	Perceived	Expected	Perceived	Expected	Perceived	Expected	Perceived	Expected	Perceived
Variables	β	β	β	β	β	β	β	β	β
Hospital delivering the service (Public=1, Private=2)	0,099*	-0,045	0,134**	-0,298**	0,591**	-0,301**	0,302**	-0,039	0,387**
Gender (Women=1, Men=2)	-0,024	0,046	-0,028	-0,011	0,028	0,072	0,006	-0,067	0,072*
Age	0,073	0,135*	0,114*	0,021	0,045	0,027	0,101*	0,052	0,093
Civil Status (Married=1, Single=2)	0,040	0,132**	0,108*	-0,048	0,065	-0,054	0,078*	-0,023	0,018
Educational level (Elementary school=1, High school=2, University=3)	0,192**	0,163**	0,027	-0,022	0,080*	-0,032	-0,007	0,133*	0,002
Employed or not (Yes=1, No=2)	-0,072	0,037	-0,130**	-0,092*	-0,092**	-0,074	-0,065	-0,077	-0,107**
Economic Status (1=Low, 2=Medium, 3=High)	-0,165**	-0,057	0,176**	-0,043	0,136**	0,035	0,271**	-0,070	0,174**
Number of children	0,256**	0,151**	0,065	-0,027	0,019	-0,045	-0,051	0,019	-0,029
F	10,470	5,636	12,027	10,773	78,568	10,407	30,313	3,050	35,752
p	<0,001	<0,001	<0,001	<0,001	<0,001	<0,001	<0,001	<0,001	<0,001
R ²	0,104	0,059	0,118	0,107	0,465	0,103	0,251	0,033	0,284

*p<0.05, **p<0.01, ***p<0.001

Discussion

An efficient and quality service delivery in emergency care units consists in understanding the multi-faceted and complex structure of the personnel and also in creating human resources able to meet the requirements of such a structure. It is therefore required in the management systems used in healthcare services that the expectations of personnel should be carefully considered to motivate them in line with the purposes set by their respective employers and increase their work performance (Doğanlı B, Demirci Ç 2014, İnfal S, Bodur S 2011). Managers should be conscious of these needs and be able to analyse employees' attitudes, in awareness that every human is unique (Can, 2002: 189). Individuals with high motivation able to work in a team spirit can easily integrate their knowledge and skills into their performance, thus enabling their organisation to reach its targets in an effective and efficient way.

In view of the specificity of the services delivered in healthcare facilities, research suggests that motivation is a factor of vital importance for patients, their relatives and healthcare professionals when compared with other institutions (Özer and Bakır 2003). Kılıç and Keklik (2012) have reported that economic conditions and improving the quality of the working environment are two factors of major importance influencing the motivation of employees. Similarly, Yıldız and Birgili (2007) report that higher salaries lead to increased motivation in nurses. Doğanlı and Demirci (2014) report that remuneration, the most important economic factor to increase motivation, ranked fifth in their study. İnfal and Bodur (2011) report, on the other hand, that the same factor ranked seventh in the study they performed, a result that shows that pay alone should not be considered as a motivation factor.

In their study they performed with nurses working in an emergency care department, Yıldız and Birgili (2007) found that higher educational level lead to higher motivation. They report that the high school graduates had the lowest and those with an undergraduate degree the highest level of motivation. Our study found that higher educational level led to reduced motivation, a result which does not agree with the findings of these studies. We believe that this result may be attributed to the general, probably poor, satisfaction of the nurses' expectations and job distribution not organised on the basis of educational background.

Yıldız and Birgili (2007) report that, while the nurses with a length of service between 1-5 years had the highest and those with a length of service between 11-15 years the lowest level of motivation, a result which shows that longer length of employment leads to lower motivation. Karabulut and Çetinkaya (2010) also observed similar results in their study, namely that nurses with a length of service between 0-5 years were highly motivated, but those with a length of employment over 6 years had medium level of motivation. The results in our study indicating that longer service length leads to higher motivation are consistent with those observed in this study.

Özer and Bakır (2003), Karakaya and Ay (2007), Aykanat and Tengilimoğlu (2003) report that some of the participants in their studies expressed that they were disadvantaged in their workplaces due to lack of possibilities for a successful career path and promotion. Their results are similar to those we observed in our study.

Karakaya and Ay (2007) conclude that establishing good relations with superiors plays a major role on the motivation of employees. A remuneration system allowing employees to lead a life of dignity and independence is very important for them; besides providing economic and social security, it does have a motivating effect as well. Employees who believe that they do not receive a reasonable recompense for the work they do would spare no efforts to contribute to a better working environment (Bilgin, Taşçı, Kağnıcıoğlu, Benligiray and Tonus 2004; Bingöl 2003). Karakaya and Ay (2007) reported that %10 of the participants in their study stated that they had insufficient pay and were not satisfied with it. Similarly, in another study Aykanat and Tengilimoğlu (2003) reported that 91.8% of the employees expressed having insufficient pay with which they were not satisfied with.

Another study performed by Ağırbaşı et al. (2005:348) found that a good promotion and reward system for hospital employees is an important factor that plays a very significant role on their motivations.

Knowledge and experience increase the self-confidence of individuals, and self-confidence is an important source of intrinsic motivation. Individuals of passive and introvert character without self-confidence and not conscious of their social responsibilities, who cannot sufficiently express themselves and do not attempt to achieve their goals by taking a reasonable level of risk, can hardly motivate themselves (İnceveOktay 2006). Mrayyan, Modallal, Awamreh, Atoum, Abdullah and Suliman (2008) report that knowledge does have an important effect on motivation.

In another study conducted with healthcare professionals working in a hospital, Tezcan (2000) reported that participants expressed that motivation was the most important factor in respect of delivering effective healthcare services in hospitals. These results are consistent with those we observed in the present study. Based on this result, our study concludes that hospital managers should try to maximise employees' motivation to deliver efficient services.

A review of past research on motivation reveals that employees with higher motivation and job satisfaction would work in a more efficient way, thus achieving more successful results and having a stronger sense of success (Büyükdere, 2006; Koçel, 2005; Arcak and Kasımoğlu, 2006; Aslan et al., 2007).

This is also consistent with the economic, psycho-social and organisation/managerial factors which Silah (2001), Robbins (2001), Şimşek et al. (2003), Topaloğlu and Koç (2005), Robbins and Coulter (2009) and Tarakçıoğlu et al.

(2010) underline in their respective studies with respect to the importance of creating and enhancing motivation in any organisation. Professionals working in the healthcare sector should be committed to always work for a better workplace, so that their organisation can reach the goals set. Only the organisations that can evoke this feeling and desire in their employees can enjoy successful results.

Our study concludes that the factors that motivate employees are, in decreasing order, the work per se, cooperation, remuneration and working conditions, relations with superiors, a system allowing fair promotion and rewarding. This is partly consistent with the results observed in the studies performed by Fabusorovd (2008), Ölçer (2005) Öztürk and Dündar (2003), and Kovach (1995).

In their study on improving motivation in healthcare workers, Manongiet et al. (2006:3-7) highlight the need to enhance the motivation of employees and allow them to improve themselves into skilful employees to use their abilities in an efficient way, so as to increase the effectiveness of the healthcare facilities they work in. They further suggest that financial tools alone would not be sufficient to motivate healthcare workers, but that, besides financial means, a supportive career planning and principles of transparent management should also be given priority in this respect.

A review of previous research reveals that there have been an insufficient number of studies that have investigated service quality in the healthcare sector. Two studies, one performed by Deveci (2003) and another by Savaş and Kesmez (2014) with patients who presented to a private hospital and a family healthcare centre respectively

report that service quality expectations of patients go far beyond their quality perceptions.

The study performed by Abuosi and Atingan (2013) found a difference between the healthcare service quality perceived by patients treated in a hospital and their expectations which, ultimately, could not be met. Similarly, in another study conducted on inpatients hospitalised in a university hospital, Harput (2014) reports that the expected service quality were much higher than the perceived service quality. Other two studies, one performed by Adebayo et al. (2014) with patients who presented to the dentistry clinic of a hospital in Nigeria and another performed by John et al. (2010) with patients treated in a public healthcare facility providing dental care, report that the expectations of patients with respect to healthcare service delivery went far beyond their perceptions.

Our study found, based on the satisfaction of the patients with the quality of the healthcare service delivered, that their perceptions regarding service satisfaction were statistically significantly lower than their expectations. In a comparative study performed with patients in two private hospitals located downtown Kırıkkale, Papatya et al. (2012) report that the patients evaluated the service they received as unsatisfactory, and that gaps between expected and perceived quality existed in all the variables. The results of this study are consistent with those we obtained in our study. Contrary to the results of our study, on the other hand, a study performed in the hospital of a medicine faculty by Çağlıyan (2017) reports that the expectations of the patients were mostly met, namely that they had a high level of perception regarding satisfaction with the services they received in the hospital involved.

Our study found, in the dimension of physical aspects, that the type of the hospital delivering the service, educational level, economic conditions and number of

children affected the quality of the perceived and expected service. Another result of our study indicated that patients with a higher level of education perceived the responsiveness service quality better in the dimension of physical aspects, and that the expected perception was higher in the dimension of assurance. It is a widely held view that patients with a higher level of education are generally more satisfied of the facility where they receive services. In contrast to our study, Çıraklı et al. (2014) has reported that the patients with a higher educational level have a lower perception of service quality in the dimension of reliability. On the other hand, because the patients with a higher level of education are more conscious of their rights, they have high expectations. The results of our study indicate that while patients with a higher income had a lower perception of service quality in the dimension of physical aspects, they had better perceptions in the dimensions of assurance, reliability, responsiveness and empathy. In consistence with our study, Has et al. (2018) has reported that those with higher economic status have better perceptions in the dimensions of assurance, reliability, responsiveness and empathy.

Conclusion:

The study found that the expectations of the patients in the dimensions of physical aspects, reliability, responsiveness, assurance and empathy were higher than their perceptions. Another result emerging from this study is that a longer service length in the emergency care department led to reduced efficiency and motivation, when considered on the basis of economic, organisation-managerial and psychosocial factors. On the other hand, better economic status led to higher motivation and efficiency, again on the basis of economic, organisational-managerial and psychosocial factors. Another finding is that psychosocial factors led to higher motivation and efficiency in employees with greater number of children. Lower educational level led to higher motivation and efficiency based on organisational/managerial and psychosocial factors. The study also found that organisational/managerial and psychosocial factors led to higher motivation and efficiency in healthcare professionals working in a private hospital. The patients treated in a private hospital were more satisfied with physical aspects, reliability, responsiveness, assurance and empathy. While the patients with better economic status were more satisfied with perceived reliability, responsiveness, assurance and empathy, those with lower economic status were more satisfied with physical aspects. On the other hand, the patients treated in a public hospital were more satisfied with the dimensions of reliability and responsiveness.

In the light of these results, the following conclusions can be drawn from the present study: Care should be taken to deliver services to patients in a timely manner. In due consideration of the feedbacks of patients concerning the problems in service delivery, patients should be encouraged to take part in decision-making processes relating to solutions. The causes of reduced satisfaction and dissatisfaction in patients should be clarified, and necessary improvements in consistent standard should be put in place. Patients should be provided with information/training on the care and treatment they receive. Patients should be approached in line with ethical standards and a patient-centred communication. The study further recommends

that similar studies should be performed with larger samples in order to increase awareness on the subject.

References:

1. AbuosiAa, AtingaRa. (2013). Service Quality in Healthcare Institutions: EstablishingtheGapsForPolicy Action.Int J HealthCareQualAssur. 26.5.Pp:481-92
2. Adebayo, E. T.,Adesina, B. A., Ahaji, L. E. AndHussein, N. A., PatientAssessment of TheQuality Of DentalCare Services in A NigerianHospital, Journal Of Hospital Administration, 3 (2014), 6, Pp. 20-28.
3. Ağırbaş İsmail, Çelik Yusuf, Büyükkayıkçı, Hüseyin, (2005), Motivation Tools and Job Satisfaction: A Research on Social Security Institution Hospital Chief Physician Assistants (Motivation Tools and Job Satisfaction: An Investigation on Assistant Head Physicians Working in the Social Security Agency) HacettepeSağlıkİdaresi Dergisi, Volume: 8, Issue: 3 329.
4. Arcak, A. VeKasımoğlu, E. (2006), The Role and Job Satisfaction of the Nurses Working in the Hospitals and Healthcare Centers in Downtown Diyarbakır), Dicle Medical Journal, Volume: 33, Number: 1, Ss. 23-30.
5. Arslan, G.G., Demir, Y., Eşer, İ., veKhorshid, L. (2009). "HemşirelerdeEleştirelDüşünmeEğiliminiEtkileyenEtmenl erinİncelenmesi" (*An Investigation on the Factors Affecting Critical Thinking in Nurses*), Atatürk Üniversitesi Hemşirelik Yüksek okulu Dergisi , 12(1), 74.
6. Aykanat S, Tengilimoğlu D.(2003)HastanelerdeSağlıkPersonelini Motive Eden FaktörlereİlişkinBir Alan Çalışması(*A Field Survey on the Factors Motivating Healthcare Personnel in Hospitals*) Hacettepe Sağlık İdaresi Dergisi2003;6(2):71-97.
7. Bilgin L, Taşçı D, Kağnıcıoğlu D, BenligirayS,Tonus Hz.İnsanKaynaklarıYönetimi(*HumanResources Management*), R. Geylan,Editör.
8. AnadoluÜniversitesiAçıköğretimFakültesiYayını. Baskı. Eskişehir: AnadoluÜniversitesiWebOfsetTesisleri; 2004. P.165.

9. Büyükdere, Ö. (2006), The Affects Of Implicit Theories Of Intelligence On Flow and Job Satisfaction Mediated by Goal Orientation, Unpublished Postgraduate Thesis, Koç University, Psychology Department, İstanbul.
10. Çağlıyan V. (2017). Business / Research -Sağlık kurumlarında hizmet kalitesi analiz (which Analysis on Service Quality in Healthcare Facilities): Faculty Hospital Sample SOS. Know. Ensor. Magazine. 37h: 254-264
11. Çakal M. Özdemir M (2016). Perceived Insider Status of Emergency Medical Services Workers. Suleyman Demirel University / The Journal of Visionary. 7.14. Pp: 105-118
12. Can H., 2002. Organization and Management, Political Bookstore, Ankara.
13. Can H., 2002. Organization and Management, Political Book / Publishing House, Ankara.
14. Çıraklı Ü., Gözlüm M., Gözlü K (2014). the sağlık kurumlarında algılanan hizmet kalitesinin değerleri resurrection: the yozgat'tay Area
15. İki hastanenin yatan hastaları üzerinde bir çalışma / (the Assessment of the Perceived Service Quality in Healthcare Facilities: An Investigation on In-Patients Hospitalized in Two Hospitals in Yozgat) of sağlıktaperformansvekalitedergi. 61-82
16. Deveci, N (2003). "In sağlık işletmelerinde algılanan hizmet kalitesi ölçüm the servqual skorlarının kullanımı ve özel altın orduhastane Application "(Usage of Servqual Scoring in the Measurement of Perceived Service Quality in Healthcare Facilities and the Case of Private Altınordu Hospital) dokuz eylül üniversitesi sosyal bilimler enstitüsü dergi of. 5. 1h: 38-54.
17. Dogan, H. (2015). "It is iş görülenlerde iş tatmini ile ilişkilendirilmiş stress ve prose eladalet algılamaları analiz of: An Application on the Gazi Hospital ", (An Analysis on the Perceptions of Stress and Procedural Justice in Employees in Correlation with Job Satisfaction / The Case of Veterans Hospital); Suleyman Demirel University Economics and Administrative Sciences Science Journal, 10 (1), 303.
18. Doğanlı B, Demirci Ç. (2014) Research on Employees (Nurse) Motivations Determining Factors (Factors that Affect the Motivation of Nurses), Management and Economics. 2014; 21 (1): 47-60.
19. Duran A., Ocak T., Yorgun S et al. (2013). Emergency Service Employees Satisfaction Levels (Satisfaction Levels of the Personnel Working in an Emergency Care Unit) Düzce Medical Journal. 15. 1. 37-40
20. Fabusoro E., Awotunde, J.A., Sodiya, C.I. Ve Alarima, C.I. (2008), Status Of Job Motivation and Job Performance of Field Level Extension Agents in Ogun State: Implications For Agricultural Development, The Journal of Agricultural Education and Extension, 14 (2), 139-152
21. Harput, S., (2018). Assessment of Waiting in Patients in Yeditepe University Hospital with the Scale of Service and Quality of Service. Master's Thesis, (Assessment by Servqual Scale of the Expected and Perceived Service Quality of Patients Hospitalized in the Hospital of Yeditepe University / Postgraduate Thesis), Beykent University, İstanbul, International J. of Health Services Research and Policy (2018) (3) 1: 10-21
22. Has L, Aba G, Metin M. (2018). Service Quality in Healthcare Services: An Application in Private Dental Clinic International J. Of Health Services Research and Policy (3) 1: 10-21

23. .Thin Mar 21, Oktaya. Bilginin bir stratejik güç olarak önemi ve örgütlerde bilgi Manager me. (Important of Knowledge as a Strategic Power and Knowledge Management in Organizations) of selçuküniversitesikaramani.i.b.f.dergi 2006; 10 (9): 15-29.
24. İnfal S, dwarf S. the hemşirelerinönemverdiklerimotivasyonaraç(Motivation Tools Nurses Lay Emphasis on). İ.Ü.F.N. Both. Bull. , 2011; 9 (2): 77-82.
25. John, J., Yatim, F. H. And Mani, S. A.,(2010). Measuring Service Quality Of PublicDentalHealthCareFacilities in Kelantan, Malaysia, Asia-Pacific Journal Of PublicHealth, 23 5, Pp. 742- 753.
26. Khan, Çetinkayaf.(2011) Difficulties Nurses Have in Patient Care inSurgical, Working in Surgery Clinics, Nurses Have Difficulties and Motivation Levels Clinics and their Motivation Levels). Anatolian Nursing and Health Sciences Journal. , 14 (1): 14-23.
27. Karakaya A, Ay Af.(2007) Factors Affecting the Motivation of Employees: Factors that Affect the Motivation of Employees: An Investigation on Healthcare Professionals. Republican University Social Sciences Journal ; 31 (1): 55-67.
28. Kılıç R, Keklik B.(2012) An Investigation on the Work-Life Quality in Healthcare Professionals and its Efft on Motivation in Healthcare Workers for Quality of Life and Impact on Motivation. AfyonKocatepeUniversity, libf Magazine ; 14 (2): 147-160
29. Koçel, T. (2005), Business Management (Enterprise Management), Beta Publications, Pub. No: 1382, 9th Edition, Istanbul.
30. Kovach, K. A. (1995), "EmployeeMotivation: Addressing a CrucialFactor in YourOrganization'sPerformance",EmployeeRelationsToday, 22 (2): 93-105.
31. A Küçüksill, EU (2007). Tahmini ve İş gücü Planlama:Süpermarket Uygulaması (Estimation of Workload Intensity and Labour Planning The Case in Supermarkets). Süleyman Demirel Üniversitesi Sosyal Bilimler Enstitüsü.
32. LadiseHas ,Gökhan Aba* , MetinAteş ServiceQuality in Healthcare Services: An Application in Private Dental Clinic International J. Of Health Services Research andPolicy (2018) (3)1 : 10-21
33. Manongi, R. N. , T. C. Marchant, I. C. Bygbjerg (2006), "ImprovingMotivation among Primary Health Care Workers in Tanzania: A HealthWorkerPerspective", Human Resources for Health, Vol. 6, No. 4,Pp. 1-7.
34. MrayyanMt, Modallal R, Awamreh K, Atoum M, Abdullah M, Suliman S.Readiness of Organization for Change, Motivation and Conflict-Handling Intention: SeniorNursingStudents'perceptions. NurseEducation in Practice2008;8(2):120-8.
35. ÖzerM, BakırB.(2003) SağlıkPersonelininMotivasyonuyla ilgiliEtmenleri nBelirlenmesi (Identifying the Factors Concerning the Motivation of Healthcare Personnel); Gülhane Tıp Dergisi ;45(2):11.
36. Ölçer, F. (2005), "Departmanlı Mağazalarda Motivasyon Üzerine Bir Araştırma" (An Investigation on Motivation in Stores with Departments) Erciyes Üniversitesi libf Dergisi, 25: 1-26.
37. Öztürk, Z. VeDündar, H. (2003),Örgütsel Motivasyon Ve Kamu Çalışanlarını Motive Eden Faktörler (Organisational Motivation and Factors that
38. Motivate Civil Servants), C.Ü. İktisadi Veİdari BilimlerDergisi, 4(2), 57-67.

39. PapatyaG .Papatya N A. Hamşioğlu B. (2012).Sağlık İşletmelerinde Algılanan Hizmet Kalitesi Ve Hasta Memnuniyeti:İki Özel Hastanede Karşılaştırmalı Bir Araştırma (Perceived Service Quality and Patient Satisfaction in Healthcare Facilities: A Comparative Study Performed in Two Private Hospitals).SosyalBilimler. 2. 1
40. ResmiGazete (Official Journal)24046. (2000, 05 11).Acil Sağlık Hizmetleri Yönetmeliği (Regulation on Emergence Healthcare Services / Ministry of Health).
41. Sağlık Bakanlığı.
42. Robbins, S. P.,Coulter M. (2009), Management. 10th. Ed. New Jersey: PearsonEducation, Inc.
43. Robbins, S. P. (2001), Organizational Behavior. New Jersey: PrenticeHall, Inc
44. Savaş,H.,Kesmez,G.A(2014).“Hizmet Kalitesinin Servqual Modeli İle Ölçülmesi: Aile Sağlığı Merkezleri Üzerine Bir Araştırma”,Pamukkale Üniversitesi Sosyal Bilimler Enstitüsü Dergisi. Ss: 1-13 (Measurement of Service Quality by Servqual Model: An Investigation on Family Healthcare Centres).
45. Silah, M. (2001), ÇalışmaPsikolojisi (Working Psychology). Ankara: SelinKitabevi..
46. Şimşek, M. Ş., T. AkgemciVe A. Çelik (2003), Davranış Bilimlerine Giriş Ve Örgütsel Davranış.Konya: GünayOfset(Introduction into Behavioural Sciences and Organisational Behaviour)
47. Tarakçıoğlu S.,Sökmen A., and Boylu Y. (2010), Evaluation Of MotivationFactors: A Research in Ankara,İşletmeAraştırmalarıDergisi 2/1.
48. Tezcan, N. (2000).SağlıkKurumlarındaToplamKaliteYönetimiVeEtimesgut Hava Hastanesinde Personel Motivasyonunun Ölçümüne İlişkin Bir Uygulama(Total Quality Management in Healthcare Facilities and a Practice on the Measurement of Personnel Motivation in EtimesgutHava Hospital). (YüksekLisansTezi).Ankara: GaziÜniversitesiSosyalBilimlerEnstitüsüİşletmeAnabilim Dalı HastaneİşletmesiBilim Dalı.
49. Topaloğlu, M., Koç H. (2005), BüroYönetimi-Kavramlarveİlkeler (Office Management – Concepts and Principles), 2. Basım, Ankara: SeçkinYayıncılık.
50. Ünal D., Çetinkaya F., Özyurt Ö. &Kayabaşı A.,(2006). BirÜniversiteHastanesindeÇalışanSekreterlerdeİşMemnuniyeti(Job Satisfaction in Secretaries Working in a University Hospital).HacettepeSağlıkİdaresiDergisi, 9, 1-18.
51. Yıldız M, Birgili F.(2007) MuğlaVeMenteşeDevletHastaneleriYoğunBakımServislerindeÇalışanHemşirelerinMotivasyonDüzeylerininBelirlenmesi(An Investigation on the Motivation Levels of Nurses Working in the Emergency Care Units of Public Hospitals in Muğla and Menteşe).YoğunBakımHemşireliğiDergisi. 11(1):1-9
52. 48.Büyükoztürk Ş, Şekercioğlu G, Çokluk Ö (2018) Sosyal Bilimler İçin Çok Değişkenli İstatistik: SPSS ve LISREL Uygulamaları. Ankara, Pegem Akademi Yayıncılık.